


PATIENT

Ruby Nelson

PRESENTING CLINICAL SIGNS

History: Lethargic and not eating, increased liver enzymes and large spleen size on rads, possible pleural effusion on rads as well.
 -Current medications: Vetmedin, Ursodiol, Amlodipine (previous increased BP) and Stilbesterol.
 -Abnormal PE/Chem/CBC/UA Results: CBC WNL, chem mild increase in ALT and ALP.
 Increased UPC ratio. Sp grav 1.027.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS * Limited visualization.

BREED

Doberman

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. Trivial central mitral regurgitation with normal left atrial dimension. Borderline LV diameter with borderline myocardial function for this breed. Normal LV wall thickness. The tricuspid valve appears normal with trace TR. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic outflow velocities; laminar flow. No aortic insufficiency. Normal pulmonary outflow velocity with no pulmonic insufficiency. Scant effusion is suspected in some views; however, not confirmed in ancillary images.

SEX

Female Spayed

AGE

8 years

CARDIAC CHART
WEIGHT

92.6lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 New Hamburg Vet
 Clinic

REFERRING VET

Dr. Blier

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.0	1.1	29	50	0.9
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM		1.7	42.0	3.2	4.7	3.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac structure and function in this patient are overtly normal, with no evidence of occult DCM. The function is borderline for this signalment (low normal), and no significant structural issues or chamber dilation is noted. Trace MR and TR are of little hemodynamic significance. Finally, a scant amount of effusion is suspected in some images, although this

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DATE

3/2/22



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is not confirmed. It is worth noting that imaging was limited in this patient and some abnormalities may have been missed.

SPECIES

Canine

These findings would suggest there is no obvious need for Pimobendan or other medications at this time. Additionally, no correlation with the current clinical issues is suspected and further systemic work up is indicated.

BREED

Doberman

Recheck echocardiograms every 6-12 months is indicated in this predisposed breed. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. Finally, the BNP test has also been shown to be a decent predictor of occult DCM and can consider routine screening going forward.

SEX

Female Spayed

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any Doberman, given the anti-arrhythmic properties of omega fatty acids.

AGE

8 years

PLAN

Baseline BP is recommended. Discontinue Pimobendan as discussed. Further systemic evaluation is advised.

WEIGHT

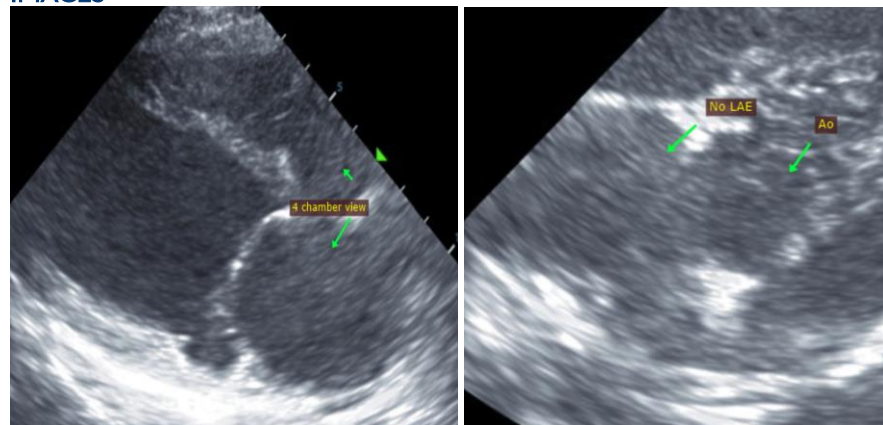
92.6lbs

Recheck every 6-12 months to screen for progression, sooner if clinical signs arise.

IMAGES

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Maggie Machen Lamy,
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

DATE

3/2/22

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